CONTINENTAL MANOR HEALTH/REHABILITATION

502 SOUTH HIGH STREET

RANDOLPH 53956 Phone: (920) 326-3171 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 84 Yes Total Licensed Bed Capacity (12/31/01): 84 Title 19 (Medicaid) Certified? Yes Average Daily Census: 80 Number of Residents on 12/31/01: 79

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	41. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	6. 3	More Than 4 Years	17. 7
Day Services	No	Mental Illness (Org./Psy)	20. 3	65 - 74	7. 6		
Respite Care	Yes	Mental Illness (Other)	26. 6	75 - 84	30. 4		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	48. 1	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.3	95 & 0ver	7. 6	Full-Time Equivalent	
Congregate Meals	No	Cancer	5. 1		j	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	5. 1		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	7. 6	65 & 0ver	93. 7		
Transportati on	No	Cerebrovascul ar	10. 1			RNs	10. 2
Referral Service	No	Di abetes	2. 5	Sex	% j	LPNs	6. 5
Other Services	No	Respi ratory	6. 3		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	15. 2	Male	21.5	Ai des, & Orderlies	48. 8
Mentally Ill	No			Femal e	78. 5		
Provide Day Programming for	i		100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)		0ther			Pri vate Pay		Family Care		Managed Care								
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	12	100.0	355	50	96. 2	93	0	0.0	0	15	100.0	143	0	0.0	0	0	0.0	0	77	97. 5
Intermedi ate				2	3.8	77	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		52	100.0		0	0.0		15	100.0		0	0.0		0	0.0		79	100. 0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	tions, Services, ar	nd Activities as of 12	/31/01
Deaths During Reporting Period	[<u> </u>					
.		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	7. 0	Daily Living (ADL)	Independent	0ne	e Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1.8	Bathi ng	11.4		43. 0	45. 6	79
Other Nursing Homes	4. 4	Dressing	24. 1		32. 9	43. 0	79
Acute Care Hospitals	77. 2	Transferring	34. 2		30. 4	35. 4	79
Psych. HospMR/DD Facilities	0.0	Toilet Use	29. 1		25. 3	45. 6	79
Reĥabilitation Hospitals	1.8	Eati ng	65. 8		21. 5	12. 7	79
Other Locations	7. 9	*************	******	******	*******	**************	******
Total Number of Admissions	114	Conti nence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	3.8	Receiving Resp	oi ratory Care	26. 6
Private Home/No Home Health	34. 5	Occ/Freq. Incontinen	t of Bladder	55. 7	Recei vi ng Trac		0. 0
Private Home/With Home Health	9. 5	Occ/Freq. Incontinen	t of Bowel	29. 1	Receiving Suct		0. 0
Other Nursing Homes	1. 7	<u> </u>			Receiving Osto	omy Care	3. 8
Acute Care Hospitals	1. 7	Mobility			Recei vi ng Tube	Feedi ng	2. 5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	1.3	Receiving Mech	anically Altered Diet	s 27.8
Rehabilitation Hospitals	0.0	i İ			8	3	
Other Locations	7.8	Skin Care			Other Resident O	Characteri sti cs	
Deaths	44.8	With Pressure Sores		3.8	Have Advance D	i recti ves	98. 7
Total Number of Discharges		With Rashes		2. 5	Medi cati ons		
(Including Deaths)	116	ĺ			Receiving Psyc	choactive Drugs	21. 5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Propri etary 50-99 Skilled Al l Thi s Peer Group Peer Group Facilities Facility Peer Group % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 95. 2 82. 5 1. 15 86. 4 1. 10 85.8 1.11 84. 6 1. 13 Current Residents from In-County 60.8 74.3 0.82 69. 6 0.87 69. 4 0.88 77. 0 0. 79 Admissions from In-County, Still Residing 14.0 19.8 0.71 19. 9 0.71 23. 1 0.61 20.8 0.67 Admissions/Average Daily Census 142.5 148. 2 0.96 133.4 1.07 105. 6 1.35 128.9 1.11 Discharges/Average Daily Census 145.0 146.6 0.99 132. 0 1. 10 105. 9 1.37 130.0 1.12 Discharges To Private Residence/Average Daily Census 52. 8 1. 21 63.8 58. 2 1.09 49.7 1. 28 38. 5 1.65 Residents Receiving Skilled Care 97. 5 92.6 1.05 90.0 1.08 89. 9 1.08 85. 3 1. 14 Residents Aged 65 and Older 93. 7 95. 1 0.99 94. 7 0.99 93. 3 87. 5 1. 07 1.00 Title 19 (Medicaid) Funded Residents 65.8 66. 0 1.00 68. 8 0.96 69.9 0.94 68. 7 0.96 Private Pay Funded Residents 19.0 22. 2 23. 6 0.80 22.2 22. 0 0.86 0.85 0.86 Developmentally Disabled Residents 0.0 0.8 0.00 1.0 0.00 0.8 0.00 7. 6 0.00 Mentally Ill Residents 46.8 31.4 1.49 36. 3 1. 29 38. 5 1. 22 33. 8 1. 39 General Medical Service Residents 15. 2 23.8 0.64 21. 1 0. 72 21. 2 0.72 19. 4 0.78 Impaired ADL (Mean) 49.3 1.05 51.9 46. 9 1. 11 47. 1 1. 10 46. 4 1. 12 Psychological Problems 21.5 47. 2 0.46 49. 5 0.43 52.6 0.41 51. 9 0. 41 Nursing Care Required (Mean) 1. 26 6. 7 1. 24 7. 3 1. 14 8. 4 6. 7 7.4 1. 13